



State of Arizona  
Department of Education

Tom Horne  
Superintendent of  
Public Instruction

**SPED 04-14**

M E M O R A N D U M

April 14, 2004

**TO:** Special Education Directors  
Charter School Administrators  
Secure Care Settings Education Administrators

**FROM:** Mary Mitchell  
Surrogate Parent Program  
Exceptional Student Services

Laura J. Gelardo  
Surrogate Parent Program  
Exceptional Student Services

Joanne Phillips  
Deputy Associate Superintendent  
Exceptional Student Services

**RE: Surrogate Parent Survey**

The Arizona Department of Education/Surrogate Parent Program is gathering information on students who need surrogate parents. In Arizona, a petition for the appointment of a surrogate parent for a child with a disability must be made to a court of competent jurisdiction if *any* of the following conditions exists:

1. No parent can be identified.
2. The public agency cannot determine the whereabouts of a parent, after having made three documented and reasonable attempts.
3. The child is a ward of the state.

The ADE/ESS has the responsibility to ensure that children, who fall under this description, are provided with a certified surrogate parent to help protect their rights. The surrogate parent may represent the child in all matters relating to the (1) identification, evaluation, and educational placement of the child; and (2) the provision of FAPE to the child.

Please help us obtain the information we need to ensure adequate services for all children with disabilities. Your prompt attention to this matter is sincerely appreciated.

Please complete the following information and return in the self-addressed envelope provided:

- ☐ **My district/school does not have children that fit this category.**
- ☐ **My district/school has children that fit this category.** (Please make copy of the attached form for each child who is in need of a surrogate parent.)

Name of School District/Charter Holder\_\_\_\_\_

School/District *surrogate parent* contact person\_\_\_\_\_

Phone number\_\_\_\_\_ E-mail \_\_\_\_\_

- ☐ I would like more information on the Surrogate Parent Program.

Remarks \_\_\_\_\_

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**For More Information on the Surrogate Parent Program:**

To obtain a current surrogate parent list, please contact the Surrogate Parent Program at (602) 364-0866.

For more information about surrogate parents and the appointment process, please contact the Surrogate Parent Program coordinator at (602) 364-4023.

**Please complete and return by May ##, 2004 in the self-addressed envelope provided.**

The child's full name\_\_\_\_\_

DOB\_\_\_\_\_Grade Level\_\_\_\_\_Disability Category\_\_\_\_\_

Ethnicity: Asian\_\_\_\_\_Black\_\_\_\_\_Hispanic\_\_\_\_\_Native American\_\_\_\_\_White\_\_\_\_\_Other\_\_\_\_\_

Physical school child attends\_\_\_\_\_

Reason why a surrogate parent is needed:

- ☐ No parent can be identified.
- ☐ The whereabouts of a parent is unknown.
- ☐ The child is a ward of the state.

Please complete the following information, if known:

Surrogate Parent's full name(s)\_\_\_\_\_

Home Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Home phone\_\_\_\_\_Work Phone\_\_\_\_\_Cell phone\_\_\_\_\_

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**Please complete and return by May ##, 2004 in the self-addressed envelope provided.**

The child's full name\_\_\_\_\_

DOB\_\_\_\_\_Grade Level\_\_\_\_\_Disability Category\_\_\_\_\_

Ethnicity: Asian\_\_\_\_\_Black\_\_\_\_\_Hispanic\_\_\_\_\_Native American\_\_\_\_\_White\_\_\_\_\_Other\_\_\_\_\_

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Home Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Home phone\_\_\_\_\_Work Phone\_\_\_\_\_Cell phone\_\_\_\_\_